

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/29/2012
FORM APPROVED
OMB NO. 0938-0391

45th 5/12/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445295	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2012
NAME OF PROVIDER OR SUPPLIER HOLSTON MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 3641 MEMORIAL BLVD KINGSPORT, TN 37664	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 062 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: NFPA 25, 5.2.1.1.1 Sprinklers shall not show signs of leakage; shall be free of corrosion, foreign materials, paint, and physical damage; and shall be installed in the proper orientation (e.g., upright, pendent, or sidewall). Based on observation and interview, the facility failed to assure sprinkler heads were free of corrosion. The findings include: Observation and interview with the Maintenance Director, on March 27, 2012 at 2:20 pm confirmed five (5) of thirteen (13) sprinkler heads in the kitchen were corroded.</p>	K 062	<p><u>K062</u></p> <ol style="list-style-type: none"> Automatic Sprinkler Systems will be continuously maintained in reliable operating condition by replacing the five (5) sprinkler heads that were cited as being corroded in the Kitchen. The Maintenance Director and/or his designee will inspect all aprinkler heads to ensure they are in reliable operating condition. Any sprinkler heads that are not in reliable operating condition will be replaced. The Maintenance Director and/or his designee will conduct monthly audits to determine if the sprinkler heads are in reliable operating condition. Sprinkler heads are not in reliable condition will be replaced. Monthly audits will be reviewed in the Quality Assurance meetings and a plan of correction developed if needed. <p>Completion date: 4/30/2012</p>	4/30/12
K 067 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>This STANDARD is not met as evidenced by: NFPA 90A, 3-4.7 Maintenance - At least every 4 years, fusible links (where applicable) shall be removed; all dampers shall be operated to verify</p>	K 067	<p><u>K067</u></p> <ol style="list-style-type: none"> Heating, ventilating, and air conditioning will comply with the provisions of section 9.21 and are installed in accordance with the manufacturer's specifications by performing the four (4) year required maintenance on fire dampers. The Maintenance Director will contact with a licensed HVAC vendor to conduct the required four (4) year maintenance on fire dampers. The Maintenance Director will be responsible for contracting with a licensed HVAC vendor to provide the four (4) year required maintenance on fire dampers. The Maintenance Director will report to the Quality Assurance Committee any non 	4/30/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X9) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 067	Continued From page 1 that they fully close; the latch, if provided, shall be checked; and moving parts shall be lubricated as necessary. Based on interview and record review, the facility failed to assure fire dampers were maintained in accordance with NFPA 90A. The findings include: Record review and interview with the Maintenance Director on March 27, 2012 at 1:30 p.m. confirmed the facility failed to perform the 4-year required maintenance on fire dampers.	K 067	compliance issues with the fire dampers. A plan of correction will be developed if needed. Completion date: 4/30/2012	
K 144 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: NFPA 110, 5-3.1 - The Level 1 or Level 2 EPS equipment location shall be provided with battery-powered emergency lighting. The emergency lighting charging system and the normal service room lighting shall be supplied from the load side of the transfer switch. Based on observation and interview, the facility failed to provide two (2) of two (2) auto transfer switch locations with battery-powered emergency lighting. The findings include: Observation and interview with the Maintenance	K 144	<u>K144</u> 1. The Level 1 or Level 2 Emergency Power System shall be provided with battery- powered emergency lighting. Two battery- powered emergency lights will be provided to two auto transfer suited locations. 2. The Maintenance Director and/or his designee will inspect the Level 1 or Level 2 Emergency power systems equipment location to ensure the battery-powered emergency lighting is in place and working properly. 3. The Maintenance Director and/or his designee will conduct monthly inspection of the emergency power system equipment location to determine if the battery- powered emergency lighting is in place and working properly. 4. The Maintenance Director will report to the Quality Assurance Committee any non- compliance issue with the emergency power system battery-powered emergency lighting. A plan of correction will be developed if needed. Completion date: 4/30/2012	4/30/12

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K 144	Continued From page 2 Director, on March 27, 2012 at 2:40 p.m. confirmed two (2) of two (2) auto transfer switch locations were not provided with battery-powered emergency lighting.	K 144		4/30/2012	
K 147 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure relocatable power taps (power strips) were not used for medical devices. The findings include: Observation and interview with the Maintenance Director, on March 27, 2012 at 1:25 p.m. confirmed relocatable power taps were being used for beds and Oxygen concentrators in rooms 206, 309, 313, 410, and 504.	K 147 K147	1. Residents in room 206, 309, 313, 410 and 504 will have the relocatable power taps removed from their rooms and replaced by adding wall outlets in those affected rooms to assure relocatable power taps will not be used for medical devices. 2. All residents' rooms will be audited to determine if the deficient practice is occurring in those rooms. If the deficient practice is present wall outlets will be added and the relocatable powers taps will be moved. Wall outlets will be added and the relocatable powers taps will be moved. Wall outlet will be added as follows: 100/200 halls- April 300/400 hall- May 500/600 halls- June. 3. The Director of Maintenance and/or his designee will make monthly rounds to ensure that the deficient practice does not reoccur. All staff will be inserviced bi-annually by the Risk Manager. 4. Monthly rounds will be reports to the Quality Assurance Committee and a plan of correction developed if needed. Completion Date 4/30/2012		

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: D9RB21

Facility ID: TN8209

If continuation sheet Page 3 of 3